216021975 100507			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2												2							
2	Total Nu of Vehic		Local No./ District 999 Agency Case No. B6-047308							HIT & RUN?					?	INVESTIGATION MADE AT SCENE? L						
A/1 10 A/2	DATE OF ACCIDENT	05/2	9/2016											STATE US	STATE USE ONLY							
В	PLACE OF ACCIDENT	COUNTY	Zanoacei							NOTIFIED				1623	YES NO	05/31	05/31/2016					
	ROAD O	N WHICI								PROPERTY?					YES NO	LATITUDE						
c 8	DISTANCE MILEPO	FROM	FEET						STREET? (LONGITUDE							
D 1	miller o		IF AT INTERSECTION IAME OF INTERSECTING ROADWAY							IF N			_	ECTION W OF NE	EAREST STREE	T, BRIDGE	, BRIDGE, RAILROAD CROSSING					
V1/M																						
20	MILES	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N S E W OF NEAREST																				
V2/M 20	R. work	KK R1 R2 R3 R4 S. PEDESTRIAN S1 S2																ENT INVOLVE DAMAGE TO				
6	ZONE CODES		CLASSIFICATION CODES												STATE DEPT.							
F		VI																				
9	DRIVER LICENSE DRIVER		NO.								ГРНО	ONE			STATE (Of License)	LOCAL N		- x	> FEMALE > MALE			
V1/N 9	DRIVER ADDRI	ESS				CITY,	, STATE, 2	ZIP							DATE OF	200/12 11						
V2/N 9	OWNER		PHONE BIRTH (MM / DD / YYYY) LOCAL NO.														V1/1 47					
G	HUSSA OWNER ADDRI		EN K DAWOOD CITY, STATE, ZIP CITATION NO. CITATION NO.											NO.			V1/2					
1		ST, LINCOLN, NE 68502											(PENDING X NO						V1/3		
н 5	LICENSE PLATE	PA	NO.	SHE893	MAKE		MODEL			BODY S	STYLE			te Expires)	2016	STIMATED I	(Of P	late)	NE	V1/4		
V1/O	VEHICLE		2006 Toyota UXS							4 do	or S	edaı	n		/ chrome	TOTALE	TOTALED \$ 500					
1 V2/O	VEHICLE ID NO. (VIN) TOWED TO	4T1	1BE32K66U675567											Farm POLICY NO	Bureau					V1/5 47		
5								VE	HICI E	NO. 2)			0000	00007909	524				V1/6		
7	DRIVER LICENSE		NO.						IIIOLL	. 110. 2	-				STATE (Of License)		SI	- x	FEMALE MALE			
V1/P	DRIVER		·····							PHONE						LOCAL N	V2/1					
8 V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP												DATE OF BIRTH (MM / DD / YYY		V2/1					
8	OWNER									PHONE					(WIWI7 DD7 TTT	LOCAL N	V2/2					
12	OWNER ADDRI	ESS	CITY, STATE, ZIP												YES	CITATION	V2/3					
V1/Q 4	LICENSE PLATE		NO.										٠,	YEAR te Expires)			V2/4					
4 V2/Q	VEHICLE	YEAR	R MAKE MODEL							BODY STYLE COLOR						ESTIMATED DAMAGE TOTALED \$						
5 к	VEHICLE ID NO. (VIN)								INSURANCE COM					E COMPANY	Y							
13	TOWED TO	'	TOWED BY										POLICY NO).								
	Complete this section for all injured pers (Complete a continuation report, if more than three were injured)									ONS DATE OF BIRTH d) (MM / DD / YYYY)						Seat Position	2 Eject	3 Body Region	4 5 Injury Sev.	SEX		
VEH. #	NAME	(,			DDRESS		<u> </u>	,					<u> </u>	·	1 0310011		region	OCV.			
	LOCAL NO. MEDICAL FACILITY NAME							EMS SERVICE NAME							EMS RU	EMS RUN REPORT NO.						
VEH. #	NAME	ADDRESS																				
	LOCAL NO.		MEDI	CAL FACILITY N	NAME				EMS SE	ERVICE N	AME					EMS RU	N REP	DRT NO.				
VEH. #	NAME				A	DDRESS																
	LOCAL NO.). MEDICAL FACILITY NAME							EMS SERVICE NAME						EMS RU	EMS RUN REPORT NO.						

_																	
b	Indicate North by Arrow Unknown accident location, date, and time.																
F	POI for V1 was to the rear bumper, right side																
	AGL-15-25"																
	All blanks and unknowns due to accident being a hit and run																
d	lamage to th	e rear bumpei	on the right s	15th around ide of his vel	1230hrs o hicle. Owr	on 05-26- ner of V1	16. Owner of didn't know v	when or wher	came back e the acci	ATION coutside aroun dent occurred. different locatio	Based o				ere the		
	oniore was p	and with a	is smiler about	ivod tilo dali	nage it ap	pouro do	modgii me d		nou ut u c								
OBJECT DAMAGED OWNER NAME						ADDRESS	i			PHONE		\$\$					
PRC						ADDRESS				PHONE		APPROX. COST OF DAMAGE					
NAME NAME						ADDRESS					PHONE						
	BEFORE	MOVEMENT COLLISION	м	OINT OF IMP	ED AREA			DEPLOYED CLE 1		TRAINT USE VEHICLE 1		TAL JPANTS	VEH 1	0 VE	0		
VEH NO.		ROAD OR HIGHWAY NAME		r numbers for		·	_						Priver No. 1	Driver No. 2	Pedes- trian		
2			POINT OF IMPACT	04	POINT OF IMPACT	LE 2	4. Dealers d		1 None us	ed - vehicle occupa	ALCO LE\ nt TES	/EL ├		Y X	Y N		
1	13	06 Turning left	MOST DAMAGED		MOST DAMAGED			side both front/side	2 Lap & sl	houlder belt used r belt only used	BAC L		. /				
2	07 Making U-turn		n AREA 00 None	02	AREA	04	Not deployed Not applicable/ No airbag available		5 Child sat 6 Child bo 7 DOT app	fety seat used oster seat used proved helmet used		LCOHOL DRUGS		Driver No. 1	Driver No. 2		
01 Essentially 09 Leaving straight ahead traffic lane		09 Top & w	indows	7	04	6 Unknown VEHIO	CLE 2	9 Restraint	e helmet used t use unknown VEHICLE 2	1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected							
02 Backing 10 Parked 03 Changing lanes 11 Slowing or 04 Overtaking/ Passing 12 Other 05 Turning right 13 Unknown			11 Total (all	9 01	07	06	-		-		3 Ye 4 Ye 5 Ur	ted					
OFF	FICER NO. 666		TROOP/ TEAM/ BEAT SE			DEPARTM		Departmer	nt		Photographs X YES taken? NO						
INVI		ME (Print or Type)			INVESTIGATOR SIGNATURE Approved by Officer Andrew Arnold DATE OF REPORT 05/31/20								1/2016	6			